



EXPENSE PAYMENT FORM

Instructions

Use this form when requesting that PENSCO pay an expense with funds from your PENSCO account. Please include supporting documents (e.g. bill, invoice, etc.) when submitting this form to PENSCO.

1. PENSCO Account and Investment Information

Account #: _____

Accountholder's First Name: _____ MI: _____ LastName: _____

Primary Phone #: (_____) _____ - _____

Name of Investment: _____
(e.g., name of asset if LLC, LP or C-Corp, property description of real estate, or borrower's name if a note)

Percent of Ownership _____ %

2. Payment Information

Any request over \$5,000.00 requires a breakdown of what the funds will be used for.

If the payment requested is to a property manager, they must be listed on the account prior to a payment being processed.

Amount: \$ _____ Expense payment due date: _____

Purpose of payment: _____
(e.g., "tax payment," "insurance payment," "HOA fees")

Memo/reference: _____
(escrow #, account #, etc.)

Payee's name: _____
(i.e., to whom you want PENSCO to make the payment.)

Address: _____
(This must be a physical address if you want PENSCO to overnight a check and/or any signed documents)

City: _____ State: _____ Postal Code: _____ - _____

3. Capital Improvement Information *(Complete this section if the payment you are authorizing is for a capital improvement that will increase the value of the asset in your PENSCO account.)*

Capital Improvement Yes No

Capital Improvement payment represents as increase in value of \$ _____ to
(insert description of asset) _____

If the increase in value exceeds \$25,000 or represents an increase in the value to the asset of more than 20%, you must provide supporting documentation regarding the change in value (e.g., market comp., appraisal, etc.)

4. Payment Instructions

Select one method (Please refer to your current *Fee Schedule* for applicable fees. You must pay qualified investing fees with cash from your account).

A. **Wire** (fee applies) Bank name: _____

ABA #/routing #: _____ Bank account #: _____

Other Instructions: _____ Bank phone #: (____) _____ - _____

Overnight signed documents to the payee (fee applies)

B. **ACH** (Please make sure the receiving bank can support ACH) Bank Name: _____

ABA #/routing #: _____ Bank account #: _____

Other Instructions: _____ Bank phone #: (____) _____ - _____

Overnight signed documents to the payee (fee applies)

C. **Check**

Please mail to the payee address in Section 2

Mail check to other: _____

Address: _____

City: _____ State: _____ Postal Code: _____ - _____


Overnight signed documents to the payee (fee applies)

5. Authorization

The person signing this form must be an authorized party for the account on file with PENSCO.

I agree to release, indemnify, defend, and hold PENSCO harmless for any claims arising out of this payment. This includes, but is not limited to, claims that this payment is not prudent, proper, legal, or diversified. I also understand and agree PENSCO will not be responsible to take any action should the investment noted herein become subject to default, including fraud, insolvency, bankruptcy, or other court order or legal process. This payment is further subject to all terms and conditions of the accountholder's Custodial Agreement within PENSCO and all applicable State and Federal laws.

Authorized By: _____
(Printed name of authorizing party)

 _____
Authorized Party Signature (Required) _____
Date

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Denver, CO 80202-3308

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